# Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2011

Open to Public Inspection

	<u>A</u>	For the	2011 cale	endar year, or tax year beginning			and ending	MAR	CH 31	, 20 12	
	В	Check if a	applicable	C Name of organization AMERICA	N POSTAL WORKERS UN	NON			D Employer	identification r	umber
		Address	change	Doing Business As ST PAUL AI	REA LOCAL APWU/LOCA	L 65				41-0981191	
		Name ch	ange	Number and street (or PO box if n		E Telephone number					
		Initial retu	ım	PO Box 21128					6	51-778-1637	
		Terminate	ed	City or town, state or country, and							
		Amended	l retum	Eagan, MN 55121		G Gross rece	eipts \$	179606			
		Application	on pending	F Name and address of principal office	er TODD ELKERTON			H(a) Is this	aroup return for	affifiates? Ye	s 🗸 No
				same as C						uded? Ye	
	$\overline{}$	Tax-exen	npt status	501(c)(3)	( 5 ) ◀ (insert no ) ☐ 494	47(a)(1) or	527			st (see instructi	
	J	Website:		<u> </u>	1 - , (, _ 40	**(a)(1) OI		1	exemption n		2474
				☐ Corporation ☐ Trust	ation ☐ Other ►	I Ve	ar of formation	<u> </u>		legal domicile	
		art I	Summ	<del></del>		12.00			1 5		
				escribe the organization's miss	sion or most significant :	activities:	Labor Ur	nion			
		•	Dilony G	occined and organization of mist	sion of moot organicant	uotivitioo.					
	9						·	<del>-</del>			•••••
	ä							<del></del>			·
	Ver	2	Check th	is box ▶ ☐ if the organization	discontinued its operati	ione or di	enneed of	more than	25% of its	e net assets	·
	မ္ပ	1		of voting members of the government	· · · · · · · · · · · · · · · · · · ·		-		1 1	3 1101 400013.	9
	త			of independent voting member		-			<b>—</b>		0
	ţį			nber of individuals employed							0
	Activities & Governance			nber of volunteers (estimate if	•						0
	ĕ			elated business revenue from	= -						0
				lated business taxable income					7b		0
			iver unite	ialed business laxable income	inom Form 930-1, line t	34	· · · ·	Prior Ye		Current Y	
		8	Contribu	tions and grants (Part VIII, line	1h)		<del> </del>		11368		5367
	Revenue			service revenue (Part VIII, line	· ·		· ·		523785		142939
	Ver			ent income (Part VIII, column (A					6281		4860
	æ								4151		
		ı		venue (Part VIII, column (A), lin enue-add lines 8 through 11 (i					545585		27430
	-			nd similar amounts paid (Part					3450		180596 3550
				paid to or for members (Part I		•			12260		18972
					<del></del>		292822		312323		
	Expenses		, , , , , , , , , , , , , , , , , , , ,		ensation, employee benefits (Part IX, column (A), lines 5–10) sing fees (Part IX, column (A), line 11e)				0	<del></del>	
	Sen	1		draising expenses (Part IX, co			· ·		- 0		0
	Ä	i		penses (Part IX, column (A), lir					237245		227439
					B-17 (must equal Rart IX, column (A), line 2			545777			562284
		19	Rovenije	less expenses Subtract line	le from line-13		" · -		(192)		(381688)
	- 8		10401100	icas expenses edutract line	N		Bea	inning of Cu		End of Y	<u> </u>
	ets or ances	20	Total ass	sets (Part X, line 16)	JUN 2 6 2012						
	Asset 1 Bala			ollities (Part X, line 26)				<del></del>	1480054 4536		1087047
	E'Se			ts or fund balances. Subtract	2 (		· ·		1475518		1085642
	Pa	rt II		ture Block		<u>, , , , , , , , , , , , , , , , , , , </u>	· · ·		1473310		1003042
				ry, I declare that I have examined this		- 11 11	and statemen	ate and to t	ha bast of my	- knowledge en	t boliof it is
	true	e, correct,	and comp	lete Declaration of preparer (other than	officer) is based on all informa	ation of which	ch preparer ha	s any knowl	edge	Knowledge and	J Dellei, It is
			<u> </u>	July, K		-			6.	21-12	-
5	:Sig	n	Sign	ature of officer	<u>X</u>			Da		<del></del>	
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P-	<b>-</b> *	i	Туре	or print name and title		<u> </u>	_				
۶			Print/Ty	pe preparer's name	Preparer's signature		Date			PTIN	
(Penga	Pa		_						Check self-emplo		
		eparer Firm's name							n's EIN ▶		
<u> </u>	'US	e Only		ddress ►					ne no		
	May	the IR	S discus	s this return with the preparer	shown above? (see insti	ructions)		1 - 110		□Ye	s 🗌 No
Z	For	Paperw	ork Redu	ction Act Notice see the senare	ate instructions		Cat No 1	1282			990 (2011)
2	,. <b>J.</b>	. wpc: 44		carrier realize, dec une separe			Out NO	1 1202 1		i Qilli (	(2011)
<u>.</u>	;			ction Act Notice, see the separa							
Ű.	)										

Form 99	D (2011) Page	<u>;                                    </u>
Part I		_
4	Check if Schedule O contains a response to any question in this Part III	_
1	To organize all workers for the moral, economic and social advancement of their condition	
		· <b>-</b>
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	5
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	10 1 10 10 10 10 10 10 10 10 10 10 10 10	
4a	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )  To provide unity among postal employees, to provide them with representation as a democratic labor union;	
	to enable them to participate in any movement that may be to their benefit and economic welfare and to render all	· <b>-</b>
	possible assistance to the ADMILAEL CIO	
	possible assistance to the AFWO AFL-CIO	
		. <b></b>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	—
	· · · · · · · · · · · · · · · · · · ·	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
		·
		· <b></b> -
N-4	Other program services (Describe in Schodule O.)	—
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses	—

Part	Checklist of Required Schedules			<del></del>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
<b>12</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		<b>√</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b> </b> ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Part	Checklist of Required Schedules (continued)		,	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b> </b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization <b>a</b> party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	✓	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
			~~~	

Form **990** (2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
	5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0    Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b   0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ŭ	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		· · · · ·	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
<b>L</b>	account)?	4a		V
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	✓_	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,	
-	gifts were not tax deductible?	6b	<b>✓</b>	
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	i	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  Section 501(c)(12) organizations. Enter:			
''а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
ט	Abo agraefication in Language to come an altered to allow			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		·

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	1	
6	Did the organization have members or stockholders?	6	<b>√</b>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>-</b>	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<u> </u>		Ť
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		7
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10:		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	<b>_</b>	✓
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Cast!	organization's exempt status with respect to such arrangements?	16b		
17	on C. Disclosure			
18	List the states with which a copy of this Form 990 is required to be filed ► NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)\(3)C	Only
10	available for public inspection. Indicate how you made these available. Check all that apply.	1 30 1(	U)(U)S	Orny)
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inter	est n	olicy
13	and financial statements available to the public during the tax year.	ı ıııteı	oot p	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	<u>.</u>	
	organization: ► FRED BAINBRIDGE (Treasurer) 2261 WATERS DR MENDOTA HEIGHTS, MN 55120	J. 1110	•	

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Form	990	1201	1)

Part VII	Compensation of Officers, Director	s, Trustees, Key Employees, H	lighest Compensated Employees, and
	Independent Contractors		

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
				((	C)					
(A)	(B) Position							(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week (describe	익호	ä	Q	\$	9.5	77	from the	related organizations	other compensation
	hours for	e div	ž	Officer	y eı	l pig	Former	organization	(W-2/1099-MISC)	from the
	related	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	~	(W-2/1099-MISC)		organization and related
	organizations in Schedule		ai t		) Ye	Ĕ				organizations
	O)	Ř	uste	ŀ	"	ens:				J
			g			ited				
(4) Todd Elliodou										
(1) Todd Elkerton	- 40				,			47044		7500
President	40		_		<b>✓</b>		⊢	47641	0	7539
(2) Jerome Jacobson					١,				_	_
Vice President	5			<u> </u>	✓			5397	0	0
(3) Terri Griner	-				,				_	_
Industrial Relations Director	5			_	1		<u> </u>	4537	0	0
(4) Stephen Letendre	4		ŀ		١.					
Secretary	4			<u> </u>	✓			3895	. 0	0
(5) Fred Baınbridge	4				١.					
Treasurer	0			_	✓		_	0		0
(6) Bruce Gutzke	4				١.					
Clerk Craft Director	4			_	✓			3854	0	0
(7) David Geisinger										
Maintenance Craft Director	4				✓	ļ	<u> </u>	4639	0	0
(8) David Cook										
Motor Vehicle Director	3				✓			3933	0	0
(9) Billie Dunn									;	
Trustee Chairperson	2				✓			1082	0	0
(10) Tina Westgard										
Clerk Craft Trustee	1				✓		L	2592	0	0
(11) Gary Keicker					•					
Maintenance Craft Trustee	2				✓			2530	0	0
(12) Steven Henjum										
Motor Vehicle Trustee	3				✓			4067	0	0
(13) Dawn Ecker										
President (past)	40				✓		L_	20785	0	3760
(14) David Westgard										
Treasurer (past)	4				✓			6307	0	0

Part V	Section A. Officers, Directors, Trust	ees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (cor	<u>itinue</u>	<u>d)</u>		
	(A) Name and title	(B) Average hours per week	box,	unies	Pos neck ss pe d a d	rson Irect	e than o is both or/trus	an tee)	(D)  Reportable compensation from	(E) Reportable compensation fro	om	Estu	(F) mated ount of ther	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(	3)	compe from organ and	ensatior in the nization related lizations	1
(15) Jud Industri	y Fricke al Relations Director (past)	3			/				1196		0			0
(16) Jes	se Lopez													
	ry (past)	3	<u> </u>		<b>✓</b>	<del> </del>	ļ	_	2192		0			0
	en Reynolds raft Trustee (past)	2			/				937		0			0
	en Volkman	-		-	Ť	$\vdash$			337		┿			
Mainten	nance Craft Trustee (past)	2			1			L	586		0			0
(19)														
(20)														
(21)									:					
(22)											-			
(23)											+			
(24)					-						-			
(25)								-			+			
1b \$	Sub-total	<u> </u>				<u></u>	L		116170		0			1299
	Fotal from continuation sheets to Part							<b>•</b>	0		0			0
	Fotal (add lines 1b and 1c)		<u> </u>					<b></b>	116170		0		1	1299
	Fotal number of individuals (including but eportable compensation from the organi		i to th	ose	list	ted	above	e) w	ho received m	ore than \$100,	000 c	of		
													Yes	No
	Did the organization list any former of employee on line 1a? If "Yes," complete S							emp	oloyee, or high	est compens	ated		;	
	For any individual listed on line 1a, is the							 па	nd other comp	ensation from	· the	3		<b>✓</b>
	organization and related organizations													
	ndıvıdual			•	•		•					4		✓
	Did any person listed on line 1a receive or or services rendered to the organization?									ation or indivi-		5		
	B. Independent Contractors		· · · · · · ·						aun purcur		<u> </u>	1 3 1		<u> </u>
1 (	Complete this table for your five highest compensation from the organization. Represent.													ix
	(A) Name and business add	ress							(B) Description of s	enuces		(C)	ation	
	uno ocomoso accu		<del></del>						2000112110110131					
	Total number of independent and	/	- I	4 :-			ad 1	41	000 1:-41 -1					
	Total number of independent contracto eceived more than \$100,000 of compens							tn	ose listed abo	ove) wno				_

Part	<u> WIII</u>	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a	1				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
عَ ق	c	Fundraising events 1c					
fts	ď	Related organizations 1d	5367	1			
<u>:</u>	i	Government grants (contributions) 1e	3307				
Sin	e	All other contributions, gifts, grants,				İ	
er.	f						
Contributic and Other		<u></u>				}	1
ont d	9	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	▶	5367			
Je .			Business Code				<u> </u>
, ve	2a	Membership Dues	813930	141366			
æ	b	Scholarship Fund	813930	1573			
Program Service Revenue	С						
Ser	d						
Ē	е						
gra	f	All other program service revenue.					
P	g	Total. Add lines 2a-2f	>	142939			
	3	Investment income (including divid					
		and other similar amounts)	•	4860			
	4	Income from investment of tax-exempt be	ond proceeds ►	0			
	5			0			· · · · · · · · · · · · · · · · · · ·
		Royalties	(ii) Personal				
	6a	Gross rents					i
	b	Less. rental expenses					
	c	Rental income or (loss)					
			▶	0		-	· · · · · · · · · · · · · · · · · · ·
	d 7a	Gross amount from sales of (i) Securities	(ii) Other	9			1
	'`	assets other than inventory	(1) 0 11 10				
	ь	Less. cost or other basis					
		and sales expenses					
		Gain or (loss)					
	6	Net gain or (loss)		0			
	d	Net gain of (loss)	· · · · •	0	<del></del>	<del> </del>	<del> </del>
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a					
Ĕ	b	Less: direct expenses b					-
		Net income or (loss) from fundraising		0			
		Gross income from gaming activities.		-			
		See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming acti		0			-
		Gross sales of inventory, less					
		returns and allowances a	806	İ			
	b	Less: cost of goods sold b	· · · · · · · · · · · · · · · · · · ·				
	"	Net income or (loss) from sales of inve		196	<del></del>	<del>  · · · · · · · · · · · · · · · · · · ·</del>	
		Miscellaneous Revenue	Business Code	190			
	11a	Paturnad Chacks	813930	3026		-	<u> </u>
	i ia b	Reimbursements	813930	109			<del> </del>
			813930	22719			<del> </del>
	0 1	Repayment Misappropriated Funds All other revenue	813930	1380			<del>                                     </del>
}	d	Total. Add lines 11a-11d		27234			1
	е 12	Total revenue. See instructions.		180596			
				100396		1	<u> </u>

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question	Check if Schedule O contains a response to any question in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21	550								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	3000								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	18972 116179								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o								
7	Other salaries and wages	136368								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18613								
9	Other employee benefits	20155								
10	Payroll taxes	21008								
11	Fees for services (non-employees):		-							
а	Management	o								
b	Legal	15507								
С	Accounting	778								
d	Lobbying	0								
е	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	0								
g	Other									
12	Advertising and promotion	125								
13	Office expenses	45313								
14	Information technology	19813								
15	Royalties	0								
16	Occupancy	8829	<del> </del>							
17	Travel	30856								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings .	8402								
20	Interest									
21	Payments to affiliates	38084								
22	Depreciation, depletion, and amortization .	26207								
23	Insurance	1396								
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
_	· ' '	20740								
a	Misappropriated Funds	22719	· ·=							
b c	Steward Dinner  Rank Charges	3086 1332			<u> </u>					
d	Bank Charges Recruiting	4388	-							
e	All other expenses	604	<del></del>							
25	Total functional expenses. Add lines 1 through 24e	562284								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	562284								

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	11672	1	1140
	2	Savings and temporary cash investments	1024062	2	652061
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
छ		employees' beneficiary organizations (see instructions)	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment. cost or			
		other basis. Complete Part VI of Schedule D 10a 72790			
	b	Less: accumulated depreciation 10b 52109	22967	10c	20681
	11	Investments – publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11 [	0	12	0
	13	Investments – program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	421353	15	413165
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1480054		1087047
	17	Accounts payable and accrued expenses	4536		1405
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0	21	. 0
ties	22	Payables to current and former officers, directors, trustees, key			
ij		employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L	0	22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	U	23	0
_	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X	o		0
		of Schedule D	J	25	J
	26	Total liabilities. Add lines 17 through 25	4536		1405
_		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
Ses		lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	1475518	27	1085642
3al	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117, check here ▶ ☐ and			
or Fund Balances		complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Š	33	Total net assets or fund balances	1475518	33_	1085642
	34	Total liabilities and net assets/fund balances	1480054	34	1087047

Form 9	90 (2011)			Pa	ge <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· · · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1_1		18	30596
2	Total expenses (must equal Part IX, column (A), line 25)	2		56	2284
3	Revenue less expenses. Subtract line 2 from line 1	3		(38	1688)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		147	7551 <u>8</u>
5	Other changes in net assets or fund balances (explain in Schedule O)				8188)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		108	35642
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	· · ·	•	· ·	<del>-                                    </del>
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ın			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?			<u> </u>	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account	_	2c		
	If the organization changed either its oversight process or selection process during the tax year, exschedule O.	plaın ır	1		
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearsued on a separate basis, consolidated basis, or both:	ar were	,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	,		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			For	m <b>990</b>	(2011)

### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public **Inspection** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

• S	ection 527 organizations Coi	mplete Part I-A only					
If the	organization answered "Ye	s" to Form 990, Part IV, line 4, or Forr	n 990-EZ, Part VI, I	ine 47 (Lobbyin	g Activities),	, then	
		that have filed Form 5768 (election und					
	· · · · · <del>-</del>	that have NOT filed Form 5768 (election		•		•	Α.
		s" to Form 990, Part IV, line 5 (Proxy				•	
		anizations: Complete Part III		, ,			
	of organization			Er	nployer ider	ntification number	
Part	I-A Complete if th	e organization is exempt und	er section 5016	c) or is a sec	tion 527 o	organization.	
1	<del></del>	the organization's direct and indire		<del></del>		<b>3</b>	
2				-	▶ \$	3	
3	Volunteer hours						<del>-</del>
	volunteer nours						
Part	I-B Complete if th	e organization is exempt und	er section 5016	c)(3).			
1		excise tax incurred by the organization			▶ \$	3	
2	-	excise tax incurred by organization					
3		ed a section 4955 tax, did it file Fo	_			<b>Ye</b> s	No
4a						· · · · Yes	HNο
	If "Yes," describe in Part						
		e organization is exempt und	er section 501/	c) except se	ction 501	(c)(3)	
1		tly expended by the filing organization				(0)(0).	_
		· · · · · · · · · · · · · · · · · · ·		•			
2		e filing organization's funds contrib				***********	
-		ivities					
3		expenditures. Add lines 1 and 2					
•		· · · · · · · · · · · · · · · · · · ·					
4		n file <b>Form 1120-POL</b> for this year			· ·	Yes	No
_	- <del>-</del>	•					
5		ses and employer identification nul					
		ents. For each organization listed, ontributions received that were pro					
		fund or a political action committee					
	as a separate segregatet	Tund of a political action committee		T	eueu, prov	T T T T T T T T T T T T T T T T T T T	art iv.
	(a) Name	(b) Address	(c) EIN	(d) Amount		(e) Amount of poli	
				filing organ funds If none		contributions receive promptly and dire	
				Turios il riorie	s, enter -o-	delivered to a sepa	
						political organization	
		-				none, enter -0-	
(1)							
(2)							
	<del></del>						
(3)		ļ					
(4)		ļ					
				ļ			
(5)							
(6)		ļ					

Dog	٠.
raut	

SCII	edule C (Form 990 of 990-EZ) 2011					Page Z		
	rt II-A Complete if the organization section 501(h)).							
	Check ▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
<u>B_</u>	Check ▶ ☐ if the filing organization chec			trol" provisions a	apply.			
	Limits on Lobbyi				(a) Filing	(b) Affiliated		
	(The term "expenditures" mea	ns amounts	paid or incurred	.)	organization's totals	group totals		
1	a Total lobbying expenditures to influence pr	ublic opinion	(grass roots lobby	/ing)				
	b Total lobbying expenditures to influence a	legislative b	ody (dırect lobbyin	g)				
	c Total lobbying expenditures (add lines 1a a	and 1b) .						
	d Other exempt purpose expenditures							
	e Total exempt purpose expenditures (add li							
	f Lobbying nontaxable amount Enter the	e amount 1	from the following	g table in both				
	columns							
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:				
	Not over \$500,000		mount on line 1e		1			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000				
	Over \$17,000,000	\$1,000,000						
	g Grassroots nontaxable amount (enter 25%	of line 1f)						
	h Subtract line 1g from line 1a. If zero or less	s, enter -0-						
	i Subtract line 1f from line 1c If zero or less	enter -0-						
	j If there is an amount other than zero or	n either line	th or line 1i, did	the organization	file Form 4720			
	reporting section 4911 tax for this year?			<u></u>		Yes No		
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)							
	Lobbying E	xpenditures	During 4-Year A	veraging Period	T			
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	(e) Total		
2	2a Lobbying nontaxable amount							
	b Lobbying ceiling amount (150% of line 2a, column (e))							
	c Total lobbying expenditures							
	d Grassroots nontaxable amount							
	e Grassroots ceiling amount (150% of line 2d, column (e))							
	f Grassroots lobbying expenditures							

Foro	(election under section 501(h)).		3)	(b)
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?	<u> </u>		
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
į.	Other activities?			
j	Total. Add lines 1c through 1i			
<b>2</b> a <b>b</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912			
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), (	or se	
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 /
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 1
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? .  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3 /
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."			
1 2	Dues, assessments and similar amounts from members	of	1	
а	Current year		<b>2</b> a	
þ	Carryover from last year	•	2b	
c	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb			
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Part	IV Supplemental Information		•	
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, o, complete this part for any additional information.	Part II	-A; ar	nd Part II-B, line
·				
			••	

Schedule C (For	m 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
		·
<del>-</del>		
·		
	e.	

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pa	Organizations Maintaining Dono organization answered "Yes" to Fo		r Funds or Accounts. Com	plete if the
	organization answered res to re	(a) Donor advised funds	(b) Funds and other acc	counts
1	Total number at end of year			
2	Aggregate contributions to (during year) .			· · · · · · · · · · · · · · · · · · ·
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and	donor advisors in writing that the ass	sets held in donor advised	
	funds are the organization's property, subject			Yes 🗌 No
6	Did the organization inform all grantees, dor only for charitable purposes and not for the conferring impermissible private benefit? .	benefit of the donor or donor adviso	r, or for any other purpose	Yes No
	Conservation Easements. Comp			ne 7.
1	Purpose(s) of conservation easements held b	•	• •	
	Preservation of land for public use (e.g., r	-		
	Protection of natural habitat	☐ Preserva	tion of a certified historic struct	ure
•	Preservation of open space		h	
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation conf	ribution in the form of a conser	vation
	easement on the last day of the tax year.		Hold at the Eng	of the Tax Year
	Total colorest and a second		<del> </del>	TOT the Tax Tear
a				
b	Total acreage restricted by conservation eas			
c d	Number of conservation easements on a cer Number of conservation easements include			
u	historic structure listed in the National Regist		· · · 2d	
3	Number of conservation easements modified			on during the
•	tax year ►	i, transferred, released, extinguished,	or terminated by the organization	on during the
4	Number of states where property subject to	annonyation accoment to located		
5	Does the organization have a written poli		a unspection handling of	
•	violations, and enforcement of the conservat			Yes □ No
6	Staff and volunteer hours devoted to monitor		_	_
•	L	ing, inspecting, and emoreing conser	vation casements during the ye	ai
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation	easements during the year	
•	►\$	mapeeting, and emoreing conservation	reasements during the year	
8	Does each conservation easement reported	on line 2(d) above satisfy the requirem	ents of section 170(h)(4)(B)	
	(i) and section 170(h)(4)(B)(ii)?			Yes □ No
9	In Part XIV, describe how the organization re	ports conservation easements in its re	_	
	balance sheet, and include, if applicable, the	•	•	
	organization's accounting for conservation e			
Par	III Organizations Maintaining Colle	ctions of Art, Historical Treasure	es, or Other Similar Assets	
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, III	ne 8.	
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to repor	t in its revenue statement and	balance shee
	works of art, historical treasures, or other s	sımılar assets held for public exhibiti	on, education, or research in t	furtherance o
	public service, provide, in Part XIV, the text of	of the footnote to its financial statemer	its that describes these items.	
b	If the organization elected, as permitted unworks of art, historical treasures, or other spublic service, provide the following amounts	sımılar assets held for public exhibiti		
	(i) Revenues included in Form 990, Part VIII,	•	<b></b> \$	
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$	
2	If the organization received or held works	of art, historical treasures, or other s	similar assets for financial gair	n, provide the
_	following amounts required to be reported ur			
а	Revenues included in Form 990, Part VIII, line			
b	Assets included in Form 990, Part X		<b>&gt;</b> \$	

Schedu	le D (Form 990) 2011							Page 2
Par	Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	ne follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research							
С	Preservation for future generations	5						
4	Provide a description of the organizat XIV.		and expl	ain how t	hey further	the org	ganization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Par	Escrow and Custodial Arra line 9, or reported an amoun	-	•	_	janization	answe	red "Yes" to F	form 990, Part IV,
1a		custodian or oth	ner intern	nediary fo				
b	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the fo	ollowing t	able <sup>.</sup>			
		·		Ū			1 "	Amount
С	Beginning balance					10	;	
d	Additions during the year					10		
е	Distributions during the year					1e	,	
f	Ending balance							
2a	Did the organization include an amour	nt on Form 990, P	art X, line	21? .				☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							
Par	t V Endowment Funds. Comple							
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four years back
<b>1</b> a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses			···				
g	End of year balance							
2	Provide the estimated percentage of the	he current year er	nd balanc	e (line 1d	, column (a	a)) held	as:	<u> </u>
а	Board designated or quasi-endowmer	•	%	, ,	,			
b	Permanent endowment ▶							
С	Temporarily restricted endowment ▶	<del></del>						
	The percentages in lines 2a, 2b, and 2	c should equal 10	00%.					
За	Are there endowment funds not in the	possession of the	ne organi	zation tha	at are held	and ad	ministered for t	he
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related organi							3b
4	Describe in Part XIV the intended uses							
Part		ment. See Form	n 990, P	art X, lin	e 10.	_		
	Description of property	(a) Cost or ot (investm		1 ' '	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment				72790		52109	20681
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m	oust equal Form 9	90, Part 2	X, column	(B), line 10	O(c).)	•	20681

Part VII	Investments—Other Securities	s. See Form 990. Part >	(, line 12.	- Page O
	Description of security or category     (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	(b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII	Investments—Program Relate	d. See Form 990, Part	X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year m	
_(1)				
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
_(4)				
(5)		<u> </u>		
(6)				
_(7)				·
(8)		ļ		
(9)				
(10)	(h) must soud Form 000 Part V and (D) line 12 )	·		
	(b) must equal Form 990, Part X, col (B) line 13)	and V. lim a. 4.5		
Part IX	Other Assets. See Form 990, P	art A, line 15. (a) Description		(b) Book value
/1\ Investm	ent in Building Corporation	lay bescription		413165
	ient in banding corporation			413103
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			••
(6)				
(7)				
(8)				
(9)	-	<del></del>		
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, o	col. (B) line 15.)		413165
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	-	7	
(2)				
(3)			7	
(4)			<del>-</del>	
(5)			7	
(6)				
(7)			$\neg$	
(7) (8) (9)			7	
(9)				
(10)				
(11)			7	
	b) must equal Form 990, Part X, col. (B) line 25 )		7	
	SC 740) Footpote In Part XIV provide	the text of the feetnete t	o the organization's financial states	nonte that reports the

Schedu	ile D (Form 990) 2011		rage 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	6	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	6	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	_	
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIV Supplemental Information		
Part V	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also coidditional information.		
			<del>-</del>

Schedule D (For	m 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
·		
•••••		
<del>-</del>		

### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2011

Open to Public

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number AMERICAN POSTAL WORKERS UNION ST PAUL AREA LOCAL LOCAL 65 41-0981191

Part VI, line 2 - As of end of year 2011 former Treasurer David Westgard and Trustee Tina Westgard were husband and wife
Part VI, line 5 - Misappropriation of funds by previous Treasurer beginning August 27, 2011 ending January 30, 2012.
Funds were accessed by means of electronic transfers to personal account, checks cashed, credit card cash advances and
cash withdrawal \$22,719 24 is the total amount of misappropriated funds. The previous Treasurer has repaid \$22,719.24
The fidelity bond has not been utilized. The matter is currently under investigation by the Department of Labor
and the St. Paul APWU Area Local 65 is cooperating fully.
Part VI, line 6 - Any non-supervisory employee, within the jurisdiction of this organization, is eligible for regular membership
Part VI, line 7a - Each member of this organization has the right to (a) attend meetings, (b) participate in discussion; (c) vote on issues,
(d) nominate and vote for office, (e) be nominated and hold office; (f) loyally support and build the union;
(g) protect the rights of fellow members.
Part VI, line 7b - All decisions and motions made by the Executive Board are subject to approval by the members at the General Membership
Meetings The Executive Board consists of the President, Vice-President, Industrial Relations Director, Treasurer, Secretary,
Clerk Craft Director, Maintenance Craft Director, Motor Vehicle Director and the Trustee Chair.
Part VI, line 8a - Minutes are taken for meeting held by the governing body during the year.
Part VI, line 8b - No other committee has authority to act on behalf of the governing body.
Part VI, line 11a - The Treasurer submits Form 990, in paper form, to the Executive Board for review prior to filing
Part VI, line 19 - The organizations governing documents are available to any member upon request. All monthly financial reports
are reviewed and voted on at the Executive Board meetings and the General Membership Meetings.
These documents are not available for public inspection.
Part XI, line 5 - Loss on investment in Building Corporation of \$8,188.00.
······································

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
·	
	······
	·

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2011

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization

AMERICAN POSTAL WORKERS UNION ST PAUL AREA LOCAL LOCAL 65

Employer Identification number 41-0981191

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The fidelity bond has not been utilized. The matter is currently under investigation by the Department of Labor
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Part VI, line 7a - Each member of this organization has the right to (a) attend meetings; (b) participate in discussion, (c) vote on issues;
(d) nominate and vote for office, (e) be nominated and hold office; (f) loyally support and build the union;
(g) protect the rights of fellow members.
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Meetings. The Executive Board consists of the President, Vice-President, Industrial Relations Director, Treasurer, Secretary,
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Part VI, line 8a - Minutes are taken for meeting held by the governing body during the year.
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Part VI, line 19 - The organizations governing documents are available to any member upon request. All monthly financial reports
are reviewed and voted on at the Executive Board meetings and the General Membership Meetings.
These documents are not available for public inspection.
Part XI, line 5 - Loss on investment in Building Corporation of \$8188.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

► See separate instructions.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

1545-0047	11
OMB No	20

Open to Public Inspection Employer Identification number

	(a) Name, address, and EIN of disregarded entity	Prims	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	rolling
(E)								
(2)								
(3)								
(4)								
(2)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had	tions (Complete if the	l ne organization a	nswered "Yes" to	Form 990, Part	IV, line 34 becau	use it had	
	Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(n) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	1) 12(b)(13) olled tty?
							Yes	No
(1) Local 65 Inc. 2261 Waters Dr	EIN· 41·1709936 Mendota Heights, MN 55120	Building Corporation	MN	501(c)2		St. Paul APWU	>	
(2)								
(3)								
(4)								
(2)								
(9)								
(2)								
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat	Cat No 50135Y		Schedule R (Form 990) 2011	R (Form 98	90) 2011

Page 2 line 34	al or Percentage ging ownership	ON							), Part IV,	(h) Percentage Issets ownership	_							Schedule R (Form 990) 2011
), Part IV,	General or managing partner?	Yes							Form 990	(g) Share of end-of-year assets								Schedule R
" to Form 990	() Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								ered "Yes" to	(f) Share of total income								
vered "Yes	(h) Disproportionate allocations?	Yes No							ation answ year.)	(e) Type of entity (C corp. S corp. or trust)								
nization ansv	(th) (g) (h) Share of end-of- Disproportionate year assets allocations?						-		f the organiza	(d) Direct controlling entity ()								
e if the orga	(f) Share of total income								(Complete i									
<b>ble as a Partnership</b> (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 as a partnership during the tax year.)	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								ble as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, nizations treated as a corporation or trust during the tax year.)	(c) Legal domicile (state or foreign country)								
axable as a Pa	(d) Direct controlling entity								axable as a Co	(b) Primary activity								į
zations Te	(c) Legal domicile (state or foreign country)								zations Ta e related c									
In 990) 2011  Identification of Related Organizations Taxable as a Partnership (Complete If the organizat because it had one or more related organizations treated as a partnership during the tax year.)	(b) Primary activity								Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization ar line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization								
Schedule R (Form 990) 2011  Part III Identifics because	(a) Name, address, and EIN of related organization	(1)	(2)	(3)	(4)	(5)	(9)	(7)	Part IV Identification Inc. 34 be	Name, address	(1)	(2)	(3)	(4)	(5)	(9)	(7)	

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Make Care bashol of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the partic				Yes	Ş
Note: Complete line I in any entity is listed in Parts II, III, Of 19	I, of IV of the schedule.	100000000000000000000000000000000000000	C/4 = 0#00 4:		2
	Donning the car year out the organization engage in any of the lonowing transactions with one of more related organizations instead in 1 at a 1-14:	Jigailizationis listed			]、
	(iv) rent from a controlled entity			- Pa	>
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>	ızatıon(s)			1b	>
c Gift, grant, or capital contribution from related organization(s)	lanization(s)			<b>1</b>	>
d I page or loan dijarantees to or for related organization(s)	ation(s)			77	\
			· · ·	2 ,	
e Loans or loan guarantees by related organization(s)	· · · · · · · · · · · · · · · · · · ·			<u>е</u>	>
f Sale of assets to related organization(s)				+	>
a Purchase of assets from related organization(s)				10	\
		•		n 4	
n exchange of assets with related organization(s)		•		=	<b>&gt;</b>
<ul> <li>Lease of facilities, equipment, or other assets to related</li> </ul>	elated organization(s)			=	>[
					_
i Lease of facilities, equipment, or other assets from related organization(s)	n related organization(s)	•		- <b>-</b>	
		•		- 2	
Ferrormance of services of member smb of fundraising solicitations for related organization(s)	ising solicitations for related organization(s)			٤ ;	<u> </u>
Performance of services or membership of fundraising solicitations by related organization(s)	iising solicitations by related organization(s)				>
<ul> <li>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>	her assets with related organization(s)			£	>
n Sharing of paid employees with related organization(s)				=	>
-					
o Reimbursement paid to related organization(s) for expenses	expenses	•		10	>
	Sexueuxex			10	>
		•	•		
				#	
<ul> <li>q Other transfer of cash or property to related organization(s)</li> </ul>	nzation(s)			<b>D</b>	<b>&gt;</b>
r Other transfer of cash or property from related organization(s)	ganization(s)			11	>
2 If the answer to any of the above is "Yes," see the in:	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	, including covered	relationships and trans	action threshold	S.
(a)	(e)	(q)	(0)	(P)	
Name of other organization	er organization	Transaction	Amount involved	Method of determining	guit
		type (a−r)		amount involved	
Local 65 Inc.	•		10000	H 200	
(1)			00761	II COO	
(2)					
(6)					
(4)					
(5)					
(9)					
			Sched	Schedule R (Form 990) 2011	2011

# PartVI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No   Vec   No	Name, address, and EIN of entity    Control of the control of entity   Legal domicile   Predominant Analipatives   Predominant An	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	 (h) Disproportionate	(i) Code V—UBI		(k) Percentage
Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes			(state or roreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?		allocations	of Schedule K-1 (Form 1065)	managing partner?	ownersing
				section 512-514)	Yes No		Yes No			
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Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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